

## REGISTRATION FORM

Name .....

Institution .....

Designation & Department .....

Address for Correspondence .....

City .....Pincode.....

State.....

Tel(O) .....Tel(R) .....

Mobile .....

Email .....

### REGISTRATION FEES

#### Residential Package (CME + Workshop)

Stay at 5 Star Hotel (Sarovar Park Plaza, Zirakpur) 24 May Noon to 26 May 2018 Noon

#### Category (Tick Appropriate Box)

- Twin Sharing \_\_\_\_\_ Rs. 25000 ( \$ 450 )
- Couple/ Single Sharing \_\_\_\_\_ Rs. 35000 ( \$ 600 )
- Twin Sharing for foreign Delegate \_\_\_\_\_ Rs. 35000 ( \$ 600 )
- Couple/ Single Room for Foreign Delegate \_\_\_\_\_ Rs. 45000 ( \$ 750 )

#### Non Residential

- CME + Workshop - Rs. 20000 ( \$ 350 )
- Only CME - Rs. 5000 ( \$ 100 )
- Only Workshop - Rs. 15000 ( \$ 250 )
- PG student - Rs. 3000 ( \$ 50 ) Needs to produce the proof from Deptt. Head

- **NO SPOT REGISTRATION • REGISTRATION CLOSES ON 20th MAY 2018**

#### Payment Mode and Details:

Bank DD no .....Dated .....Amount .....

Drawn on .....

Kindly send DD in favour of

**'Trinity Education & Research Foundation'** payable at Chandigarh

Kindly note the Bank details for Bank to Bank Transfer of Registration fee

Bank account number **620220110000505** (Bank of India, Zirakpur)

For transaction within India - IFSC Code -- BKID0006589

For international transaction - SWIFT Code -- BKIDINBBCHD

- All communication regarding registration shall strictly be by email and sms only
- You can download Registration Form at [www.trinityhospital.in](http://www.trinityhospital.in)
- Kindly send your duly filled form with payment to the secretariat or email scanned copy of form to secretariat.
- **For Booking of Scientific Exhibition Stalls Contact Mr Samarjit Singh Sandhu**

All correspondence to Secretariat

Mr Samarjit Singh Sandhu Mobile: +91-8288093619, Email: [wess.miss2018chd@gmail.com](mailto:wess.miss2018chd@gmail.com)

**Trinity Hospital & Medical Research Institute**

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For Local Assistance Kindly Contact : Mr. Naveen Sharma , Mobile: 08288093621